Commonwealth of Massachusetts
Executive Office of Health and Human Services

Effective June 23, 2005

MassHealth Companion Guide

For X12N 835 (version 4010A1)
Health Care Claim Payment/Advice
Implementation Guide

Table of Contents

1.0 Introduction

1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act of 1996–Administrative Simplification (HIPAA-AS) - requires that the MassHealth, and all other health insurance payers in the United States, comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). HHS has adopted an Implementation Guide for each standard transaction. X12N 835 Version 4010A1 is the standard established by HHS for the payment of claims and the transfer of remittance advice data.

1.2 Purpose of the Implementation Guide

This Implementation Guide for the 835 Payment/Advice transaction specifies in detail the required formats for payments and remittance advices transmitted electronically by payers. It contains requirements for use of specific segments and specific data elements within the segments, and was written for all health-care providers and others who wish to receive 835 transactions. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to receive HIPAA-compliant files from MassHealth.

1.3 How to Obtain Copies of the Implementation Guides

The implementation guides for X12N 835 Version 4010A1 and all other HIPAA standard transactions are available electronically at www.wpc-edi.com/HIPAA.

1.4 Purpose of This Companion Guide

This Companion Guide was created for MassHealth trading partners by MassHealth to supplement the 835 Implementation Guide. It contains MassHealth specific information for the following:

- data content, codes, business rules, and characteristics of the 835 transaction;
- technical requirements and transmission options; and
- information on DMA test support available to Trading partners.

The information in this guide supersedes all previous communications from MassHealth about this electronic transaction.

1.5 Intended Audience

The intended audience for this document is the technical staff responsible for receiving electronic remittance advices from MassHealth. In addition, this information should be shared with the provider's billing office to ensure all accounts are reconciled in a timely manner.

2.0 Establishing Connectivity with MassHealth

MassHealth has created a MassHealth transactions Web site to allow trading partners to exchange transactions with MassHealth, located at https://masshealth2.ehs.state.ma.us/transactions. Upon trading partner request, MassHealth will distribute the 835 transaction via CD-ROM or DVD.

2.1 Setup

All MassHealth trading partners must sign a trading partner agreement (TPA) and will be requested to complete a trading partner profile (TPP) form prior to receiving electronic 835 transactions. Note that TPP information may be given over the telephone in lieu of completing a paper form. If you have already completed these forms with 835 transaction details, you do not have to complete them again. Please contact MassHealth Customer Service (see Section 2.5: Support Contact Information) if you have any questions about these forms. Trading partners wishing to receive the 835 transaction can either download it from the transactions Web site, or receive it via CD-ROM.

Trading partners who currently receive the proprietary electronic remittance advice must use the same delivery method for their 835 transactions. Each 835 transaction will be available via the Web site for at least 90 days. Trading partners requiring access to their 835s beyond the 90-day period should contact MassHealth Customer Service (See Section 6.0: Support Contact Information). Upon request, MassHealth trading partners may receive their 835 transactions via CD-ROM. This option is available to support those trading partners with very large claim volumes in an effort to avoid a long download time for their 835 transactions from the Web site. Trading partners who prefer to receive 835 transactions on CD-ROM, should provide this information in their trading partner profile. They must also provide a mailing address where the media should be sent.

3.0 Trading Partner Test Support

MassHealth participates in testing activities with each trading partner upon request. If you would like to test, please contact MassHealth Customer Service in advance to discuss your testing process, criteria, and schedule.

4.0 Technical Requirements

MassHealth will send all fully adjudicated claims from a weekly cycle in one ST/SE segment, even if the number of CLP segments exceeds 10,000.

This limit of 10,000 CLP segments is a recommendation for the 835 transaction, but not a requirement. Trading partners, especially those handling a large claim volume, are encouraged to proactively test their compliance software internally to ensure it allows over 10,000 CLP segments in one 835 transaction.

Each 835 transaction is sent in a separate ISA/IEA envelope, even if the information for several different providers is being sent to the same clearinghouse. However, MassHealth sends more than one ISA/IEA envelope in one file. For example, if a clearinghouse has been selected to receive three of their clients' 835s, the structure will be as follows:

ISA Clearinghouse 123
GS Provider A
ST
SE
GE
IEA
ISA Clearinghouse 123
GS Provider B
ST
SE
GE
IEA
ISA Clearinghouse 123
GS Provider C
ST
SE
GE
IEA

Effective June 1, 2004, MassHealth uses the tilde (~) segment terminator on all outbound HIPAA-compliant transactions instead of a carriage return/line feed (CR/LF). HIPAA-compliant outbound transactions from MassHealth include the 835 electronic remittance advice transactions and the 997 acknowledgements.

In order to ensure you are not impacted by this change, please confirm that your translator, software vendor, or billing intermediary can accommodate this change. If you have any questions or concerns, please contact MassHealth Customer Service (see Section 6.0: Support Contact information).

5.0 Acknowledgements

Your generation of the 997 functional acknowledgement in response to the 835 transaction is optional. If you wish to submit 997 functional acknowledgements in response to the 835 transaction, they should be e-mailed to hipaasupport@mahealth.net.

Once it is established, trading partners will be able to send the 997 functional acknowledgement via the ETPN.

6.0 Support Contact Information

MassHealth Customer Service
55 Summer Street
Boston, MA 02110
Phone: 1-800-841-2900
Fax:1-617-988-8974
E-mail: providersupport@mahealth.net

7.0 MassHealth-Specific Requirements

The 835 transaction is available to those providers with a valid MassHealth provider number and a signed trading partner agreement on file. 835 transactions are generated at the completion of each weekly claims adjudication cycle for each provider that has at least one paid or denied claim appearing in the weekly cycle. Information about pended or suspended claims can be obtained from the existing proprietary remittance advice, or via the 276/277 Claims Status Inquiry and Response transactions. Since an 835 transaction must balance to a single check/electronic funds transfer (EFT), MassHealth is obligated to include all fully adjudicated claims from a weekly cycle, regardless of how the claim was submitted (paper, proprietary electronic format, or as an 837 transaction). As usual, the State Comptroller sends the payment check or EFT separately.

7.1 Payment and Remittance Schedule

There is no change to the weekly disbursement schedule for check or EFT payments. 835s are available for retrieval each week.

7.2 835 Transactions in Response to Retail Pharmacy Claims

Retail pharmacy providers submitting both pharmaceutical and durable medical equipment (DME) claims receive a separate payment and a separate 835 for their pharmaceutical and DME claims. 835s for retail pharmacy claims are generated and distributed by ACS, a third party vendor. Thus, retail pharmacy claim payments are no longer combined with MassHealth DME payments. Information about the retail pharmacy 835 transaction can be requested via e-mail to masshealth.service@acs-inc.com or by calling 1-800-672-4972.

In the uncommon instance where a retail pharmacy has pharmaceutical claims that result in a negative pharmaceutical payment amount (e.g., void claims), and medical claims that result in a positive payment amount, the 835 transaction reports the medical payment amount only. If the medical claims result in a negative amount, and the pharmaceutical claims result in a positive amount, the 835 transaction reports the medical claim amount only. In either of these instances, this total payment amount on the 835 transaction does not match the dollar amount of the actual payment. Combining the total payment amount of both the DME and the pharmaceutical 835 transactions matches the actual dollar amount of the payment received.

7.3 Retroactive Pay Cycles

When a retro cycle produces a separate payment from the regular weekly claims run, a separate 835 transaction is also produced.

7.4 Production File Naming Convention

835 files produced by MassHealth have the following naming convention:
HYYYYYYY.ZZZ, where

- H is the letter 'H', indicating a HIPAA file.
- YYYYYYY is the seven-digit MassHealth Submitter/Provider ID
- ZZZ is the sequence number assigned to the file starting with a value of "001."

The sequence number is incremented by one for each file that is produced. The sequence number restarts at 001 after it reaches 999.

7.5 MassHealth CLP Segment Implementation

There is one CLP segment and one SVC segment for each claim. An 835 transaction has one Loop 1000A, one Loop 1000B, multiple iterations of Loop 2000*, multiple iterations of Loop 2100*, and multiple iterations of Loop 2110*.

*** If there is only one fully adjudicated claim for a provider, then there will be only one iteration of this segment.**

If the sum of the claim payment amounts (CLP04s) on the 835 transaction is positive, then a check or EFT payment is produced. One check or one EFT payment must balance to one 835 transaction. As a result, each 835 can only have one ST and SE segment. MassHealth produces all of a provider's paid and/or denied claims in a weekly cycle in one ST/SE segment, even if the number of CLP segments exceeds 10,000.

If the sum of the claim payment amounts (CLP04s) on the 835 is zero or negative, no check or EFT payment is sent. The 835 is still produced, but the financial fields are zero filled, as they will not be applicable.

8.0 Detail Data

Although submitters can view the entire set of required data elements in the 835 Implementation Guide, MassHealth recommends that submitters pay special attention to the following segments.

Loop	Segment		Segment Name	Element Name	Companion Information
Header	ST	02	Transaction Set Header	Transaction Set Control Number	This is a nine-digit value. This number is the combination of the Run Number provided on the paper remittance and a sequence number. The first digit is always '1.' The second, third, and fourth digits are the same as the second, third, and fourth digits of the Run Number. The last five digits will be a system- generated sequence number.
Header	BPR	01	Financial Information	Transaction Handling Code	This always contains 'I' (Remittance Information Only)
Header	BPR	05	Financial Information	Payment Format Code	For providers receiving payments electronically, this is 'CTX' (Corporate Trade Exchange).
Header	REF	02	Receiver Identification	Receiver Identifier	This data element is used only when the Payee is not the same as the Receiver of the 835. MassHealth returns the 835 Receiver's Number you provided on your trading partner profile form.
1000A	REF	01	Additional Payer Identification	Reference Identification Qualifier	This value is always 'EO'.
1000A	REF	02	Additional Payer Identification	Additional Payer Identifier	This value is always 'MASSHEALTH'.
1000B	N3	01	Payee Identification	Payee Address Line	MassHealth returns the first of the following three addresses we have on file for you: • "Doing Business As" address • "Pay to" address • Legal entity address
1000B	N4 N4 N4	01 02 03	Payee City, State, Zip Code	Payee City Payee State Payee Zip Code	MassHealth returns the first of the following three addresses we have on file for you: • "Doing Business As" address • "Pay to" address • Legal entity address

Loop	Segment		Segment Name	Element Name	Companion Information
2100	CLP	01	Claim Payment Information	Patient Control Number	**For claims received on an 837**, MassHealth returns the data in Loop 2300 CLM01 on the 837. **For paper and electronic proprietary claims:** MassHealth returns the Patient Control Number or the Patient Account Number. If this field is left blank on the incoming claim, then we return zeros.
2100	CLP	09	Claim Payment Information	Claim Frequency Code	This data element will only be used for Institutional claims. **For claims received on an Institutional 837,** MassHealth returns the data in Loop 2300 CLM05-3 on the 837. **For paper and EMC claims received on a UB92 form**, MassHealth returns the 3rd position of the Bill Type. **For paper and EMC claims received on an Invoice 10 form,** MassHealth will return the value '1.'
2100	NM1 NM1 NM1 NM1	03 04 05 07	Patient Name	Patient Last Name Patient First Name Patient Middle Name Patient Name Suffix	**For claims received on an 837,** MassHealth returns the patient name information that you provided in Loop 2010BA NM103, NM104, NM105, and NM107. **For paper and electronic proprietary claims,** MassHealth returns the patient name information that we have on file in our claims processing system. MassHealth does not return a Patient Name Suffix, as we do not store this information in our system. If the member number that you provide does not find a match in our system, then we populate the Patient Last Name (NM103) and Patient First Name (NM104) data elements with 'NOT ON FILE.'

Loop	Segment		Segment Name	Element Name	Companion Information
2100	NM NM NM	03 04 05	Corrected Patient / Insured Name	Corrected Patient Last Name Corrected Patient First Name Corrected Patient Middle Name	**MassHealth <u>always</u> uses this segment for claims received on an 837.** We return the Patient name information that we have on file in our claims processing system. In most instances, the information in this segment matches what we return in the Patient Name segment. However, if what we have on file differs from what you submitted, a compare of the Patient Name segment and the Corrected Patient / Insured Name segment details all discrepancies. **This segment is not used for paper and electronic proprietary claims.**
2100	NM1 NM1 NM1 NM1	03 04 05 07	Service Provider Name	Rendering Provider Last or Organization Name Rendering Provider First Name Rendering Provider Middle Name Rendering Provider Name Suffix	MassHealth returns the first of the following name information we have on file for you: • "Doing Business As" name • "Pay to" name • Legal entity name

Loop	Segment		Segment Name	Element Name	Companion Information
2100	REF	02	Other Claim Related Information	Other Claim Related Identifier	If applicable to the claim, MASSHEALTH returns the following information: 1. **Former TCN:** REF01: 'F8' REF02: the 10 character Former TCN preceded by 'FORMER-TCN-'. Example: FORMER-TCN-1234567890 2. **Consolidated-to TCN:** REF01: 'F8' REF02: the 10 character Consolidated to TCN preceded by 'CONSLS-TO-'. Example: CONSLS-TO-1234567890 3. **Duplicate TCN:** REF01: 'F8' REF02: the 10 character TCN of the duplicate claim from a previous run preceded by 'DUPLICATE-TCN-'. Example: DUPLICATE-TCN-1234567890 4. **Prior Authorization Number:** REF01: 'G1' REF02: the 6 character Prior Authorization Number. 5. **Inpatient Medical Record Number:** REF01: 'EA' REF02: the Inpatient Medical Record Number. 6. **Outpatient Medical Record Number:** REF01: 'EA' REF02: the Outpatient Medical Record Number. There may be zero to five iterations of this segment, depending on how many of the above criteria are met.
2100	DTM	02	Claim Date	Claim Date	If you provide an invalid date such as spaces or '20020231,' we return 99990101.

Loop	Segment		Segment Name	Element Name	Companion Information
2110	SVC SVC	01-1 01-2	Service Payment Information	Product/Service ID Qualifier Procedure Code	In order to provide the most detailed information to providers on why a claim denied, MassHealth supplies Remark Codes when applicable on all denied claims. To include Remark Codes, the 835 Implementation Guide mandates that we also provide service line information. The following is a list of defaults we use, if the incoming claim is missing this required data. For 837-Dental claims or claims received on an Invoice 11, if no HCPCS code is provided: SVC01-1: 'AD' SVC01-2: '00000' For 837-Professional claims or claims received on an Invoice 5, 7, or 9, if no HCPCS code is provided: SVC01-1: 'HC' SVC01-2: '00000'. For certain 837-Institutional claims or claims received on a UB92 form, if no HCPCS or Revenue Code is provided: SVC01-1: 'NU' SVC01-2: • Inpatient non-denied claim: '001' • Inpatient denied claim: '000' • Medicare Part A crossover claim: '000' • Outpatient claim: '000'
2110	DTM	02	Service Date	Service Date	Should you provide an invalid date such as spaces or '20020231,' we return 99990101.
2110	CAS	01-1 8	Service Ajustement	Claim Adjustment Group Code Adjustment Reason Code Adjustment Amount	This segment is used only if the charges do not equal what MassHealth paid. MassHealth always details any differences at the service level CAS segment (Loop 2110). MassHealth never uses CAS04, 07, 10, 13, 16, or 19. For Denied Claims (Claim Status Code equals 4, see below.
2110	REF REF	01 02	Service Identification	Reference Identification Qualifier Reference Identification	**For claims received on an 837,** MassHealth returns the following information: **Dental Claims:** REF01: "6R'

Loop	Segment		Segment Name	Element Name	Companion Information
					REF02: 837D Loop 2400 REF02 of the 837D, if populated, otherwise Loop 2400 LX01 **Professional Claims:** REF01: '6R' REF02: 837P Loop 2400 REF02 of the 837P, if populated, otherwise Loop 2400 LX01 **Institutional Claims:** REF01: '6R' REF02: 837I Loop 2400 REF02 of the 837P, if populated, otherwise Loop 2400 LX01 **For paper and electronic proprietary claims:** REF01: ' '6R' REF02: the line number (A, B, C, D, etc.) * The combination of Loop 2100 CLP01 and Loop 2100 REF02 (Service Identification segment) on the 835 enables you to tie back to the submitted claim. If APG or PAPE pricing was performed on the claim, then: REF01: '1S' REF02: The 3 digit APG number. In the next iteration of this segment,: REF01: '1S' REF02: The 3 digit Consolidated to APG Number preceded by 'APG-CONSLS-TO-'. Example: APG-CONSLS-TO-123 If the submitted claim included one or more attachments, then: REF01: 'E9' REF02: The Transaction Control Number of the claim. There may be 1 to 4 iterations of this segment. There is always at least one.

Loop	Segment		Segment Name	Element Name	Companion Information
2110	LQ	01, 02	Health Remark Codes		There are as many iterations of the LQ segment as needed to accommodate up to 20 unique Remark Codes. LQ01 is always 'HE.' In LQ02, MassHealth returns each unique Remark Code associated with the claim. **See additional instructions under Denied Claims in Section 8.2.2.**
Trailer	PLB PLB PLB PLB PLB	01 02 03-1 03-2 04	Provider Adjustment	Provider Identifier Fiscal Period Date Adjustment Reason Code Provider Adjustment Identifier Provider Adjustment Amount	This segment is used only if the sum of CLP04s within the transaction is negative.

Denied Claims (Claim Status Code equals 4): Loop 2110 CAS - Service Adjustment Details

MassHealth uses both Adjustment Reason Codes and Remarks Codes, as appropriate, to identify why a claim denied. A crosswalk of the current MMIS edit codes to their corresponding Adjustment Reason Codes and Remarks Codes is available on the Web at www.mass.gov/masshealth.

For denied claims that have a CAS segment (where CLP03 does not equal CLP04 and SVC02 does not equal SVC03): CAS01: MassHealth always populates CAS01 with 'CO.' There are as many iterations of CAS01 since they are needed to accommodate up to 20 unique Adjustment Reason Code/Remarks Code pairs.

CAS02, CAS05, etc.: MassHealth provides both an Adjustment Reason Code and a Remarks Code (if applicable) on the 835 submitted to the provider for each MMIS edit code generated by a claim. In CAS02, CAS05, etc., MassHealth reports Adjustment Reason Codes with an associated Remarks Code first (see MMIS edit codes 005, 009, 011, 019 and 020 in Table 1 below). Each Adjustment Reason Code without an associated Remarks Code (MMIS edit code 017 in Table 1) follows. The Remark codes will be reported in the LQ segment in the same order as the paired Adjustment Reason codes in the CAS segment. MassHealth does not return duplicate pairs of Adjustment Reason Codes and Remarks Codes (MMIS edit codes 019 and 020 render duplicates in Table 1). All Adjustment Reason Code/Remarks Code pairs are unique.

Table 1 Sample of MMIS Edit Code Crosswalks

Current MMIS Edit Code	Adjustment Reason Code	Remark Code
005	A1	M58
009	16	MA61
019	52	M68
020	52	M68
017	B13	

CAS03, CAS06, etc.: MassHealth returns in CAS03, CAS06, etc.-the difference between SVC03 and SVC02, divided by the number of Adjustment Reason Codes associated with the claim. For example, please assume claim segment SVC03 – SVC02 = $400.25, and the MMIS edits in Table 1 are generated. Since there are four unique Adjustment Reason Code/Remark Code pairs, $400.25 is divided by four.

For the claim that generates MMIS edit codes 005, 009, 019 and 020 in the above example, the CAS and the LQ segments on the 835 appear as follows:

CAS*CO*16*100.25**52*100**52*100**A1*100~
LQ*HE*MA61~
LQ*HE*M68~

MMIS edit code 017 has no LQ segment because it does not have a corresponding Remark Code.

MMIS edit code 020 has no CAS and LQ segments because it has the same Adjustment Reason Code/Remark Code pair as MMIS edit code 019, thus it is not reported twice.

For denied claims that do not have a CAS segment (CLP03 = CLP04 and SVC02 = SVC03)

There are as many iterations of the LQ segment as there are needed to accommodate up to 20 unique Remark Codes.

LQ01: LQ01 is always ‘HE.’
LQ02: In LQ02, MassHealth returns each unique Remark Code associated with the claim.

9.0 Sample MassHealth 835 Transactions

ISA*00* *00* *ZZ*DMA7384 *ZZ*0121212 *030929*2315*U*00401*000000555*1*P*>~
GS*HP*DMA7384*0121212*20030929*231542*168*X*004010X091A1~
ST*835*101700021~
BPR*I*72.18*C*CHK**********20030925~
TRN*1*00052224165*1046002284~
DTM*405*20030929~
N1*PR*Commonwealth of Massachusetts/MassHealth~
N3*600 Washington Street~
N4*Boston*MA*02111~
REF*EO*MassHealth~
PER*CX*MassHealth Provider Services*TE*8003255231*EM*mainquiries@unisys.com~
N1*PE*ACME MEDICAL CORP*FI*04952236~
N3*10 HIPAA LANE~
N4*BOSTON*MA*02111~
REF*1D*0121212~
LX*1~
CLP*1110001*1*100*62.18*10*MC*3272A0401A~
NM1*QC*1*DAWSON*WILMA****MR*0099965421~
NM1*74*1*DAWSON*WILMA~
DTM*050*20030929~
DTM*232*20030814~
SVC*HC:99214*100*62.18**1~
DTM*472*20030814~
CAS*PR*142*10~
CAS*CO*42*27.82~
LX*2~
CLP*1110002*1*100*72.18**MC*3272A0412A~
NM1*QC*1*JONES*JOE****MR*0087874444~
NM1*74*1*JONES*JOSEPH~
DTM*050*20030929~
DTM*232*20030822~
SVC*HC:99214*100*72.18**1~
DTM*472*20030822~
CAS*CO*42*27.82~
LX*3~
CLP*1110005*4*100*0**MC*3272A0414A~
NM1*QC*1*BAYLOR*RAYMOND*C**III*MR*0033014420~
NM1*74*1*BAYLOR*RAYMOND*C~
DTM*050*20030929~

MassHealth 835 Transaction Example (cont.)

DTM*232*20030814~
SVC*HC:99214*100*0**1~
DTM*472*20030814~
CAS*CO*47*100~
LQ*HE*MA63~
LX*4~
CLP*1110012*4*100*0**MC*3272A0415A~
NM1*QC*1*LEE*MIMI*L***MR*0067777258~NM1*74*1*LEE*MIMI*L~
DTM*050*20030929~
DTM*232*20030814~
SVC*HC:99214*100*0**1~
DTM*472*20030814~
CAS*CO*47*50**A1*50~
LQ*HE*MA63~
LQ*HE*M62~
LX*5~
CLP*1110014*22*-100*-62.18**MC*3272A0419A~
NM1*QC*1*JENSON*STANLEY*A***MR*022228371~
REF*F8*FORMER-TCN-3177F1804A~
DTM*050*20030929~
DTM*232*20030812~
SVC*HC:99214*-100*-62.18~
DTM*472*20030812~
CAS*CR*125*-37.82~
REF*6R*A~
SE*64*101700021~
GE*1*168~
IEA*1*000000555~

10.0 Version Table

Version	Date	Section/Pages	Description
0.5	02/13/03		Initial document created
1.0	02/26/03	Entire Document	Revision with updated MassHealth template
1.1	03/25/03	Entire Document	Revision with additional formatting meeting CG Workgroup standards
1.2	05/21/03	Entire Document	Submitted to CG Workgroup for draft review.
1.3	08/29/03	Entire Document	Updated and revised
1.4	10/08/03	Entire Document	Final draft revisions incorporated and draft production version issued
1.5	05/28/04	Headers/footers throughout document, Section 7.0 and Section 4.0	Final draft revisions incorporated and draft production version issued.
1.6	11/32/04	Updated headers, Sections 1.4, 2.0, 4.0, 5.0, 7.0 and 7.1 to reflect SFDA information	Final draft revisions incorporated and draft production version issued.
1.7	05/19/05	Updates made to Sections 4.0 and 6.0 to reflect TPA 60-day Noticing.	Draft version issued. Production version to follow.
1.8	06/24/05	Updated Sections 5.0 and 6.0 to reflect new e-mail addresses.	Draft version issued. Production version to follow.

Appendix A: Frequently Asked Questions

Q. Will I still continue to receive the MassHealth proprietary remittance advice?
A. Yes, you will continue to receive the current MassHealth proprietary remittance advice in addition to the 835 transaction. The MassHealth proprietary remittance advice will continue to provide information about suspended claims, in addition to information about paid and denied claims.

Q. Do I have to receive an 835 remittance response if I submit my claims electronically?
A. No, you can submit an 837 transaction, but elect to not receive the 835 response. You will still receive your paper remittance advice.

Q. Will any paper claims I submit also appear on the 835?
A. Yes, all paid and denied claims adjudicated in the weekly cycle will appear, regardless of how they were submitted.

Q: Will suspended and pended claims appear on the paper remit or the 835?
A: Suspended and pended claims will appear only on the paper remit.

Q. Can I have my billing intermediary receive my 835?
A. Yes, as long as you indicate that in your TPP information.

Appendix B: Links to Online HIPAA Resources

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

Association for Electronic Health Care Transactions (AFEHCT)

- A health care association dedicated to promoting the interchange of electronic health care information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan at www.cms.gov/hipaa/hipaa2/.
- This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. www.cms.gov/medicaid/hipaa/adminsim

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard setting organizations, and transaction change request system. www.hipaa-dsmo.org

MassHealth Provider Services

- This site assists providers with MassHealth billing and policy questions, as well as provider enrollment. www.mass.gov/masshealth

Office for Civil Rights (OCR)

- OCR is the office within Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admnsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- WEDI is a workgroup dedicated to improving health care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org